

# UPMC Health Plan Enrollment Guide

PENNSYLVANIA

ALLEGHENY COUNTY EMPLOYEES

UPMC HEALTH PLAN



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## UPMC HEALTH PLAN

### THE CARE YOU NEED, THE EXTRAS YOU WANT

Providing great health care coverage involves more than paying claims for medical services. It means providing a seamless experience at every step. UPMC Health Plan is able to accomplish this because we're **part of a system that integrates clinical care and health care coverage**. We work closely with UPMC, other leading health care providers, and researchers at the University of Pittsburgh Schools of the Health Sciences to determine how to give our members what they want and need: easy and affordable access to world-class care.

We design our plans to meet a variety of financial and health care needs, and we provide access to the clinical care and innovation of UPMC, many high-quality community providers, and programs and tools that can help members live their healthiest life.

Our members also have access to:

- 
**Nationally recognized doctors and hospitals** and a national extended network for care away from home.
- 
**Free tools and health support programs** that have a track record of success. As a member, you can work one-on-one with a health coach or use our mobile apps to complete a lifestyle improvement program—at no cost.
- 
**Convenient medical care** for physical and behavioral health concerns through virtual visits from a mobile device or phone calls with registered nurses.
- 
**Award-winning customer service** from a Health Care Concierge who is eager to answer coverage and benefits questions.<sup>1</sup>

The bottom line is that we're committed to getting you and all our members the care you need, when and where you need it.

#### ONE MEMBER'S STORY

*The Health Care Concierge "went above and beyond to resolve our concerns about shingles vaccine coverage under our health plan. Researched, made phone calls, and gave us regular feedback."*



## FIND CARE WHEREVER YOU ARE

The UPMC Health Plan extended network provides access to high-quality care for members living outside our service area. If you are traveling and an urgent health issue arises, you can access an extended network with thousands of providers. You will receive the highest level of coverage when you use these providers while you are out of our service area. To find a provider in the extended network, you can call UPMC Health Plan Member Services or search our online provider directory.

### FINDING CARE FOR DEPENDENTS WHO LIVE OUTSIDE THE SERVICE AREA

If you have dependents (up to age 26) who live, work, or study outside the service area, they have coverage through the extended network.



**assist america**  
Innovative Assistance Solutions

### EMERGENCY TRAVEL ASSISTANCE

If you experience a medical emergency while traveling more than 100 miles from home (including to another country) for less than 90 days, Assist America<sup>2</sup> can connect you to doctors, hospitals, pharmacies, and more.

Members can download the Assist America mobile app to contact the 24/7 Emergency Operations Center and quickly access these and other services:

- Emergency medical evacuation
- Medical monitoring and referrals
- Medical repatriation
- Foreign hospital admission assistance
- Prescription assistance

### ONE MEMBER'S STORY

*"Excellent. Very happy! The concise and extremely clear way the representatives laid out how things would occur and their follow through with return calls."*



## FIND PARTICIPATING DOCTORS, HOSPITALS, AND FACILITIES

When you're choosing a health plan, the doctors in the network are an important part of your decision. It's easy to find providers that participate with UPMC Health Plan.



To search our online provider directory, go to [upmchealthplan.com](https://upmchealthplan.com), click Find Care at the top of the screen, then follow these directions:

1. If you are a current member, click **I'm a Member** and enter your member ID number. If you are not yet a member, select **I'm Just Browsing**.
2. Select the kind of care you are looking for (medical, behavioral health, dental, vision, home- and community-based services, or pharmacy).
3. Select how you get your health insurance from the dropdown menu. (Current members will skip this step.)
4. Choose the appropriate button based on how you want to search. You can find a provider using their name, or you can search by provider type, specialty, procedure, service, or equipment.
5. Type a last name, practice name, specialty, or other search term in the field below the buttons.
6. Type the county, address, city, or ZIP code where you want to receive care; indicate the distance you're willing to travel; then click **Search**.
7. If you know your network, you can select it from the dropdown. This will allow you to refine your search.

## COST OF CARE

You and UPMC Health Plan will share the cost of your care (**cost sharing**). This means you must pay a portion of your health care expenses and UPMC Health Plan will pay a portion.

Until you meet your **deductible**, you must pay the full cost of any health care services you receive.

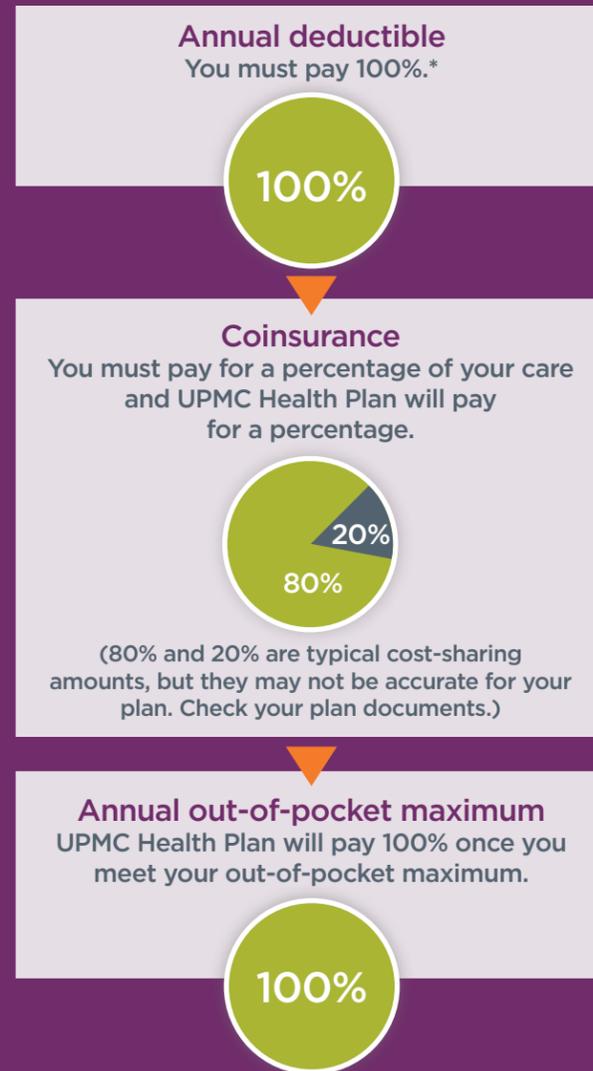
UPMC Health Plan covers many preventive services for children and adults at 100 percent. This means you won't have to pay anything. **For more information on preventive services, see page 18 of this booklet.**

Your plan may have a combined medical and prescription drug deductible. (You should check your plan documents to confirm this.<sup>3</sup>) Once this deductible has been met, your prescriptions usually will be covered at your plan's designated amount.

When you visit a doctor's office, you may have to pay a **copayment**. A copayment is a flat fee you must pay for covered health care services. Your copayment amount will depend on the type of doctor you are seeing and the type of visit you are having. Copayments apply to your out-of-pocket maximum, but they don't count toward your deductible.

**Coinsurance** is what you pay after you meet your deductible. For example, if your coinsurance is 20 percent, you must pay 20 percent of the cost of your health care services. UPMC Health Plan will pay the remaining 80 percent.

You will continue to pay your share of the cost until you meet your **out-of-pocket maximum**. This is the most you will have to pay for health care expenses in a plan year. If you meet your maximum, UPMC Health Plan will pay for 100 percent of your care. But remember, you must pay 100 percent of the cost of your health care services until you meet your deductible.



### NEED MORE INFORMATION?

Call the UPMC Health Plan Open Enrollment Hotline at **1-844-791-7184** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.

*\*This is an example of what a plan may look like. Your employer may cover a portion of the deductible through a health reimbursement arrangement (HRA) or health savings account (HSA). For more information, check the Schedule of Benefits for your plan.*

## CARE WHEN YOU NEED IT, CARE WHERE YOU WANT IT

UPMC Health Plan has you covered, no matter where you are. This chart explains your options for care.

### CARE FOR EVERY SITUATION

Care option	Details	When to use	Availability	Cost
<b>Primary care provider (PCP)</b>	Your go-to for planned care and when you don't feel well	<ul style="list-style-type: none"> <li>Well-visits</li> <li>Sick visits</li> <li>Preventive services (such as screenings or flu shots)</li> <li>Care coordination for tests or specialist care</li> <li>Chronic condition management (such as for diabetes or high blood pressure)</li> </ul>	Usually need an appointment, but many PCPs have same-day appointments; telehealth options may be available	Coinsurance or copayment; no cost for many preventive services
<b>UPMC MyHealth 24/7 Nurse Line<sup>4</sup></b>	Phone and online service in which a UPMC registered nurse answers health-related questions	<ul style="list-style-type: none"> <li>Advice for treating a condition at home</li> <li>Guidance about whether to seek a higher level of care</li> </ul>	Phone: 24 hours a day, seven days a week Web: Response provided within 24 hours	No cost
<b>UPMC AnywhereCare<sup>5</sup></b>	Virtual visit with a provider right from your computer, tablet, or smartphone	<ul style="list-style-type: none"> <li>Colds, sinus infections, and allergy symptoms</li> <li>Bronchitis</li> <li>Diarrhea</li> <li>Sore throats</li> <li>Pink eye</li> <li>Rashes</li> </ul>	24 hours a day, seven days a week	Copayment is generally less than the cost of an urgent care visit and significantly less than an emergency department visit
<b>Urgent care</b>	Nonhospital facility that provides immediate care	<ul style="list-style-type: none"> <li>Sprains, strains</li> <li>Minor burns</li> <li>Small cuts that may need stitches</li> </ul>	Typically open seven days a week, no appointment required	Copayment or coinsurance
<b>Emergency department<sup>6</sup></b>	Hospital facility for emergency conditions that require immediate care	<ul style="list-style-type: none"> <li>Heavy bleeding</li> <li>Chest pain</li> <li>Serious burns</li> <li>Difficulty breathing</li> <li>Broken bones</li> <li>Any life-threatening condition</li> </ul>	Generally 24 hours a day, seven days a week	Copayment or coinsurance



## PHARMACY BENEFITS

Pharmacy coverage is an important part of a health plan. UPMC Health Plan strives to provide both value and choice by offering access to high-quality, effective generic and brand-name drugs.

### FIND A PHARMACY NEAR YOU

When you need to fill a prescription, you'll have access to a nationwide network of retail chain pharmacies, including CVS, Rite Aid, and Walmart; regional chain pharmacies; and many independent pharmacies.\*

To find a pharmacy near you, visit [upmchealthplan.com/find](https://upmchealthplan.com/find), then follow the instructions on page 5 of this guide.

### HAVE YOUR MEDICATIONS DELIVERED TO YOUR DOOR

You can sign up for convenient home delivery—with free standard shipping—through Express Scripts Inc. This service is best for medications that you take on an ongoing basis. Once you're a member, visit [express-scripts.com/lowercost](https://express-scripts.com/lowercost) or call **1-877-787-6279 (TTY: 1-800-899-2114)**.

### USE OUR SPECIALTY MEDICATION SERVICES

UPMC Health Plan's specialty medication services provide personalized, highly technical support that you can't get from a traditional retail or mail-order pharmacy. We offer therapy-specific programs, financial assistance, compliance monitoring, and more—all with the goal of helping you get the most from your treatments.

Specialty medications are used to treat complex and rare conditions. These drugs may require:

- Close management by a health care provider.
- Frequent dosing adjustments.
- In-depth training for the patient.
- Special handling or administration.

Specialty medications are limited to a 30-day supply.

UPMC Health Plan uses Accredo—a division of Express Scripts Inc.—and Chartwell to administer our members' specialty medications.

Both can dispense medications to your physician's office or your home (depending on where you'll take the medicine).

### FIND OUT WHETHER YOUR MEDICATION IS COVERED

It's easy to see if the medication you're taking is covered, what your copayment or coinsurance would be, and whether you would need prior authorization for it.

- Check the formulary (drug list) for your plan option by visiting [upmchp.us/pharmacybenefits](https://upmchp.us/pharmacybenefits).
- Search for your medication by visiting [upmchealthplan.com/find-a-medication](https://upmchealthplan.com/find-a-medication).

### HAVE A PERSONAL REVIEW

After you enroll, you can have a medication review with a member of our pharmacy staff. They will talk with you about the medications you are taking, then help you address any prior authorization or formulary issues before you go to the pharmacy.

You can request a review by submitting the Pharmacy Review Form that's available at [upmchealthplan.com/pharmacyreview](https://upmchealthplan.com/pharmacyreview).

*\*Please call the UPMC Health Plan Open Enrollment Hotline for information about participating pharmacies.*



## CONVENIENT NONEMERGENCY CARE OPTIONS



### UPMC ANYWHERECARE

The next time you get sick, don't waste time waiting. With UPMC AnywhereCare, you can have a virtual visit with a health care provider right from your smartphone, tablet, or computer. Children up to age 17 will be seen by pediatric providers from UPMC Children's Hospital of Pittsburgh.<sup>7</sup>

- You can get prompt treatment for a variety of nonemergency conditions, including cold and flu symptoms, sinus infections, allergies, rashes, and more.
- If you need a prescription, the provider will send it to your preferred pharmacy.
- Providers are available 24 hours a day, 365 days a year.

#### Get quality care at a low cost

As a UPMC Health Plan member, you will pay much less to use UPMC AnywhereCare than you would for a visit to an urgent care facility or emergency room.

Learn more at [UPMCAnywhereCare.com](https://www.upmc.com/anywherecare).

### UPMC MYHEALTH 24/7 NURSE LINE

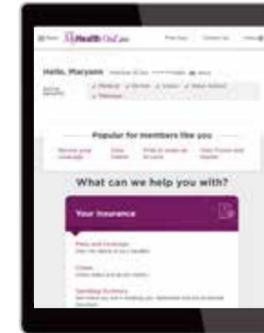
Registered nurses are available to answer your general health questions or help you determine what care you need to treat an injury or illness. After you describe your symptoms, the nurse will tell you the best way to treat your condition at home or advise you to seek medical care. Nurses are available 24 hours a day, 365 days a year. You can receive an immediate response by phone or an emailed answer within 24 hours through MyHealth OnLine.

#### ONE MEMBER'S STORY

*"This is living in the 21st century! I have little kids, which means I'm always busy and get more than my fair share of colds and sinus infections. Instead of an hour round trip to the nearest urgent care, I got a courteous provider who listened to my symptoms and prescribed me a path out of my sinus infection in under five minutes. No waiting in line, no gross waiting room, no hauling my kids around, no problem."*

## HELP AT YOUR FINGERTIPS

Websites and apps to help you manage your health and your insurance.



### MYHEALTH ONLINE

Our secure member website can give you information about your health insurance and access to wellness resources. As a member, you can log on to:

- Check your plan benefits, coverage, spending summary, and claims.
- View, order, or print member ID cards.
- Search for participating providers.
- Explore treatment options and use our medical cost estimator to get an idea of the cost.
- View your flexible spending account, HSA, or HRA balance and access the UPMC Consumer Advantage website.
- Take the MyHealth Questionnaire and receive a customized plan to get or stay healthy.
- View your previous coverage.

Once you have a member ID card, you can access MyHealth OnLine from [upmchealthplan.com](https://www.upmchealthplan.com).



### UPMC HEALTH PLAN MOBILE APP

Once you're a member, you can use this app to:

- Access digital member ID cards for yourself and your family.
- Live chat with a Health Care Concierge or health coach.
- Learn the cost of a prescription or find a pharmacy.
- Track your progress toward your deductible and out-of-pocket maximum.
- Search for in-network providers.
- View your recent medical claims.
- Complete the MyHealth Questionnaire.



### MYUPMC

The secure website and mobile app both allow you to:

- Communicate with your UPMC providers.\*
- Schedule and manage your appointments.
- View your medical records and test results.
- Renew your prescriptions.
- Pay bills you've received from UPMC providers.

Visit [MyUPMC.com](https://www.myupmc.com) to create your MyUPMC account or download the app from the Apple App Store or Google Play.

*MyUPMC is available only to UPMC patients. Your health information will not appear in MyUPMC if you receive care from participating providers who are outside of the UPMC system. MyUPMC is not available for some central Pennsylvania patients. UPMC Carlisle, UPMC Hanover, UPMC Lititz, UPMC Memorial, UPMC Harrisburg, UPMC West Shore, and UPMC Community Osteopathic can use the Central PA Portal for patient information.*

## PROGRAMS TO HELP YOU STAY HEALTHY



### HEALTH COACHING

You can achieve your health-related goals by working with a health coach. They can help you stay motivated and keep you accountable. Health coaching is available at no cost to you.

Our **lifestyle coaching** can help you:

- Lose weight.
- Eat better.
- Reduce your stress.
- Quit using tobacco.
- Increase your physical activity.
- Build healthier habits.
- Create a healthy family plan.

Our **condition management programs** can help you:

- Manage your diabetes or heart disease.
- Control your asthma or other chronic conditions.

Our health coaches are registered dietitians, nurses, certified diabetes counselors, tobacco cessation counselors, exercise physiologists, public health professionals, or licensed social workers. They can:

- Customize a plan that will align with your priorities and learning preferences.
- Encourage you to set goals and overcome challenges.
- Provide support and resources that can help you reach your goals.

Health coaching sessions are available over the phone and can be scheduled at times that are convenient for you.



### RXWELL

Whether you feel anxious, stressed, sad, or like you need to improve your overall health, RxWell has a path for you. This mobile app is designed to help you become emotionally and physically healthy by combining health coaching support and provider-endorsed techniques.

Once you're a member, you can download RxWell from the Apple App Store or Google Play.



### HEALTH AND WELLNESS DISCOUNTS

As a UPMC Health Plan member, you'll get exclusive discounts on gym memberships, activity trackers, and other health and wellness products through two great programs.

The **ChooseHealthy® program** can empower you to advance your health and well-being through a diverse range of products. You can use ChooseHealthy's online store to save up to 55 percent off of popular health and fitness brands. These brand-name wellness products can help you live better every day.

With the **Active&Fit Direct™ program**, you have access to more than 16,000 fitness centers nationwide and over 4,000 on-demand fitness videos.

*\*Plus applicable taxes.*

### ONE MEMBER'S STORY

*"The diabetes coaching program helped me make changes that I could sustain. My blood pressure improved, I dropped two sizes, and I lost 20 pounds. It changed my life."*

*The ChooseHealthy program is provided by ChooseHealthy Inc., and the Active&Fit Direct program is provided by American Specialty Health Fitness Inc., both subsidiaries of American Specialty Health Inc. (ASH), a national provider of fitness, health education, musculoskeletal provider networks, and health management programs. Active&Fit Direct and ChooseHealthy are trademarks of ASH and used with permission herein.*

## WOMEN'S CARE

When it comes to women's health, UPMC Health Plan has information and resources that can help you (and all the women in your life) enjoy the best health possible.

Women have access to exceptional programs and services, no matter their stage in life.

### PREVENTIVE CARE

You can go to your participating ob-gyn for all covered obstetrical and gynecological care, including outpatient services and inpatient admissions. You should choose a gynecologist as soon as you become a UPMC Health Plan member so that they can help you stay healthy. Preventive care can be scheduled year-round.

Your preventive care benefits may include the following:

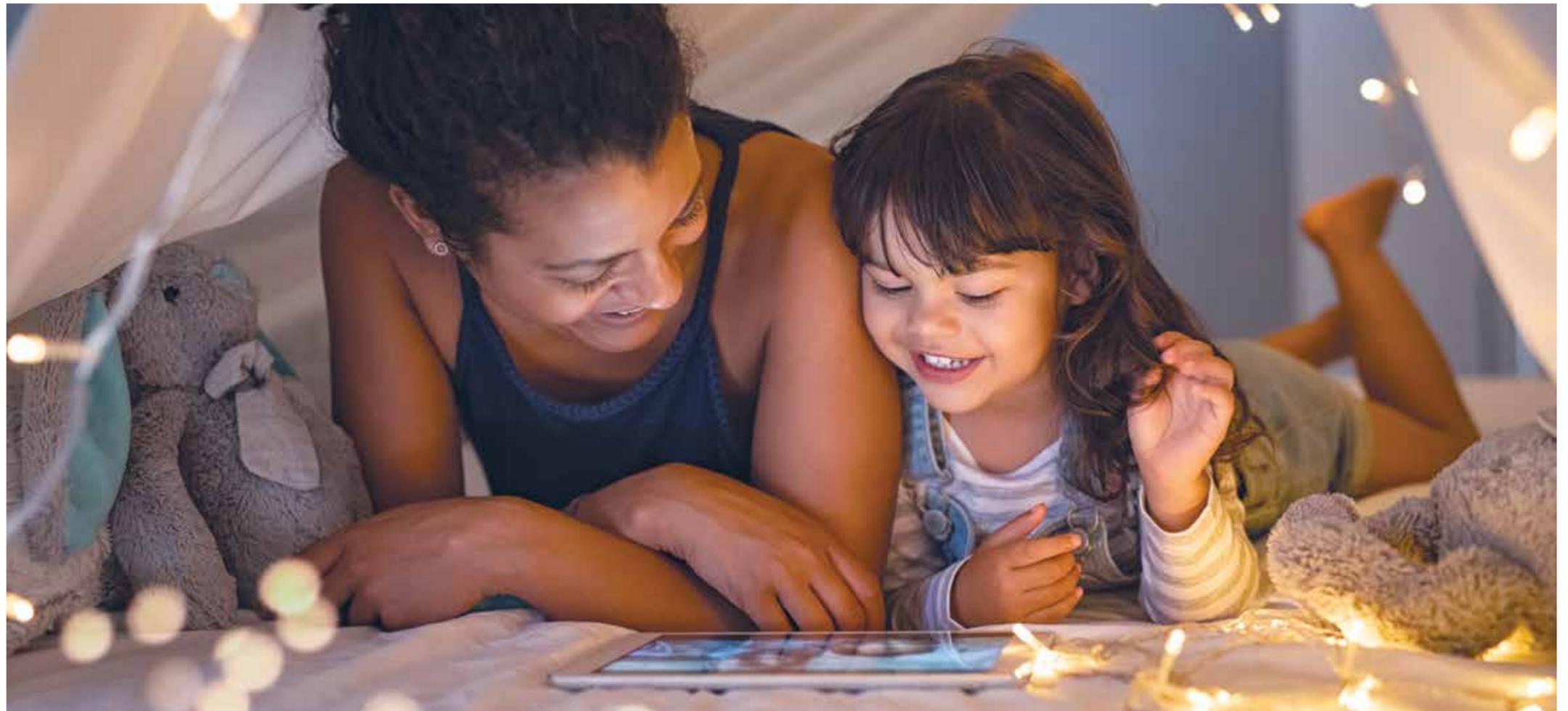
- Breast cancer screenings (mammograms)
- Cervical cancer screenings
- Chlamydia screenings
- Bone density testing

Once you're a member, you can schedule preventive imaging services at one of our convenient locations.

### Family planning

We cover a variety of family planning services:

- Pre- and postnatal care and support
- Counseling on pregnancy spacing
- Options for women who are interested in birth control<sup>8</sup>



### A MATERNITY PROGRAM PERSONALIZED TO YOU

Through UPMC Health Plan's maternity program, Baby Steps, you will be connected with a maternity health coach who will provide caring, clinical support throughout your pregnancy. There is no cost for this service.

Baby Steps health coaches are registered nurses experienced in obstetrics. They can:

- Help you form questions for upcoming doctor appointments.
- Tell you about ways to manage your pain during labor.
- Talk with you about healthy eating and foods to avoid during pregnancy.
- Help you find prenatal exercise and parenting classes.

You can talk with your coach over the phone at times that are convenient for you.

### CHOOSE THE BIRTH EXPERIENCE YOU WANT

As a member of UPMC Health Plan, you will have coverage to deliver in a traditional hospital setting—such as a UPMC or in-network community hospital—or at a birthing center.

Our growing network includes both world-renowned obstetricians and board-certified midwives.

#### Support for breastfeeding

Once you are a UPMC Health Plan member, your coverage will include breastfeeding classes. Women who have given birth and intend to breastfeed can receive a breast pump (valued at more than \$200) at no cost.<sup>9</sup>

### LEARN MORE

For more information about our Baby Steps program, go to [upmchealthplan.com/maternity](https://upmchealthplan.com/maternity).

#### ONE MEMBER'S STORY

*"It is a fantastic program for pregnant women, and it is a program that will not only help you, but make you feel like you are in control of your pregnancy—and that is hard to come by if you don't have a lot of family support."*

## BEHAVIORAL HEALTH CARE COMES WITH EVERY PLAN

UPMC Health Plan takes great pride in the behavioral health coverage and benefits we offer. Whether you want to make small changes to improve your life or are in recovery from a significant behavioral health issue, we can help.

Our services include resources for these and other issues:\*

- Emotional difficulties
- Bereavement issues
- Marital or family concerns
- Mental health disorders
- Substance use or dependence

### EXTRA SUPPORT FOR THOSE WHO WANT IT

As a member, you will have access to behavioral health case managers who can provide referrals and link you to resources that match your needs.

In addition, you can use our condition management programs to help you cope with depression, anxiety, or substance use issues. You'll be paired with a licensed clinician who will help you set goals, challenge negative thinking, and recognize when you need help.

These programs are available at no cost to you, and you can complete them over the phone.

*\*Not all services are covered by all plans. Before seeking services, please check your plan documents or call Member Services to learn what is covered by your plan.*



## TRANSITION OF CARE FOR NEW MEMBERS

If you join UPMC Health Plan while receiving ongoing treatment from a health care provider who is not in our network, you may be eligible for coverage of continued treatment with that provider. This is called "transition of care."

The transition of care period may last for up to 90 days, effective from your date of enrollment. UPMC Health Plan will consult with you and the provider and may extend the transition of care period beyond 90 days if clinically appropriate, such as with pregnancies.

**Please note:** Transition of care is not automatic or guaranteed. To apply, you must complete and return a UPMC Health Plan Transition of Care Request Form within 30 days of your coverage effective date. (We have included a Transition of Care Request Form in the folder pocket. You can also visit [upmchealthplan.com/members/learn/getting-started](https://upmchealthplan.com/members/learn/getting-started) to download a form and email it to your provider.)

For more information, please call the UPMC Health Plan Open Enrollment Hotline at **1-844-791-7184** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.

## THE POWER OF PREVENTION

We believe that the disease or condition that's easiest to treat is the one you never get. That's why we cover many adult and child preventive services at 100 percent.<sup>10</sup>

Our preventive services fall into three categories:

- Screenings
- Immunizations
- Health exams

Common adult screenings include cholesterol, blood pressure, and mammograms. Common adult immunizations include the tetanus, diphtheria, pertussis, and flu vaccines. Wellness exams are common for both children and adults.

Visit [upmchp.us/2022psrg](https://upmchp.us/2022psrg) to see all covered preventive services for adults and children up to age 18.

### Have questions about which screenings are covered?

Call the UPMC Health Plan Open Enrollment Hotline at **1-844-791-7184** Monday through Friday from 7 a.m. to 7 p.m. and Saturday from 8 a.m. to 3 p.m. TTY users should call **711**.



## PRIVACY AND CONFIDENTIALITY

Your information—including any information that could be used to identify you, your health information, and data about the services you have received—is kept confidential subject to the limitations and exceptions set forth below.

UPMC Health Plan uses your personal, health, and financial information internally and with our contracted agents or providers only.

Unless we have obtained your consent, we will only use your information for:

- Your health care treatment.
- Health care operations that are required to provide that treatment.
- Payment of your health care claims.

We will not share your personal information with your employer except as described in UPMC Health Plan's Notice of Privacy Practices. We will not disclose your information for any purpose beyond the three described above unless you authorize us or the law requires us to do so.

You have the right to access your medical records. You should contact your health care provider for these files.

Your rights concerning your information include the right to access, amend, and restrict access to your information.

You can request an alternate communication method or an alternate location for delivery of Health Plan communications.

You have the right to know any time UPMC Health Plan discloses your protected health information (PHI) if it was not used for treatment, health care, operations or health care payment purposes. UPMC Health Plan policies and procedures protect PHI for current, former, and prospective members (living or deceased) in compliance with all applicable laws. These policies and procedures protect your information regardless of its format: oral, written, or electronic.

UPMC Health Plan complies with all aspects of and requirements set forth under the Health Insurance Portability and Accountability Act of 1996 and all applicable state laws. The full Health Plan Notice of Privacy Practices can be found at [upmchealthplan.com](https://upmchealthplan.com).

For questions about the privacy and confidentiality of your PHI, call UPMC Health Plan at the number on the back of your member ID card or contact the Open Enrollment Hotline. For questions about the confidentiality of behavioral health information, please contact UPMC Health Plan Behavioral Health Services at **1-888-251-0083 (TTY: 711)**.

## ADDITIONAL INFORMATION

Hearing aids and other services may be available with some plan options. Please check with your plan administrator or review your Certificate of Coverage for details.

### SERVICES NOT COVERED

Services not covered include, but are not limited to, the following:

- Acupressure
- Aromatherapy, ayurvedic medicine, herbal medicine, homeopathy, massage therapy, naturopathy, relaxation therapy, transcendental meditation, and yoga
- Comfort or convenience items, such as air conditioners, television rental, or humidifiers
- Corrective appliances, including, but not limited to, arch supports, back braces, and orthopedic shoes, unless shoes are specifically required due to diabetes or peripheral vascular disease
- Cosmetic surgery
- Custodial care
- Court-ordered services (when not medically necessary)
- Experimental or investigative procedures
- Food supplements or vitamins (except prenatal vitamins and nutritional supplements required to be covered by state or federal mandate)
- Genetic counseling
- Hearing aids and routine hearing examinations and services
- Motor vehicle insurance or workers' compensation-covered services
- Services that are not medically necessary (as determined by UPMC Health Plan)
- Over-the-counter drugs
- Physical examinations given primarily at the request of a third party, including, but not limited to, attorneys, employers, insurers, schools, camps, and driver's licensing bureaus
- Surrogate motherhood
- Military service-connected disabilities and conditions

### MAKING SURE YOU GET THE SERVICES YOU NEED

Utilization management (UM) is how we evaluate the medical necessity, appropriateness, and efficiency of the health care services you receive. UPMC Health Plan affirms that:

- We are committed to your receiving the best possible care, and we do not offer incentives to providers to restrict your care.
- UM decisions are based only on the appropriateness of care.
- No financial incentives are given to our UM advisers to decide in favor of less medical care being used.

For more information about our UM program, you can call a Health Care Concierge. A Health Care Concierge is your personal contact at UPMC Health Plan. When appropriate, your Concierge can help you communicate with the UM staff or have the staff return your call. You can also receive a copy of the criteria we use to make UM decisions.

*This booklet is a summary of plan information and is not a complete description of the benefits and limitations under your plan. Plan benefits and limitations may vary between employers and may be subject to change from the descriptions herein. Consult your official plan materials and/or insurance certificate (where applicable) for specific benefit information.*

*In this document, the term "UPMC Health Plan" refers to benefit plans offered by UPMC Health Plan Inc., UPMC Health Network Inc., UPMC Health Options Inc., and UPMC Health Coverage Inc. It may also refer to UPMC Health Benefits Inc. and UPMC Benefit Management Services Inc. This managed care plan may not cover all of your health care expenses. Read your contract carefully to determine which health care services are covered. It is typically the responsibility of the medical provider to obtain any preservice approvals.*

## UPMC HEALTH PLAN

## Schedule of Benefits

**Allegheny County**  
**PPO - Premium Network**  
**Deductible:** \$400 / \$800  
**Coinsurance:** 0%  
**Total Annual Out-of-Pocket:** \$7,150 / \$14,300

**Primary Care Provider:** \$30 Copayment per visit  
**Specialist:** \$30 Copayment per visit  
**Emergency Department:** \$100 Copayment per visit  
**Urgent Care Facility:** \$30 Copayment per visit  
**Rx:** \$10/\$25/\$50/\$50

This Schedule of Benefits will be an important part of your Certificate of Coverage (COC) or your Summary Plan Description (SPD). If your plan has an SPD, it is issued by your employer or labor trust fund. It is not issued by UPMC Health Plan. It is important that you review and understand your COC and/or SPD because they describe in detail the services your plan covers. The Schedule of Benefits describes what you pay for those services.

For Covered Services to be paid at the level described in your Schedule of Benefits, they must be Medically Necessary.

They must also meet all other criteria described in

your COC and/or SPD. Criteria may include Prior Authorization requirements.

Please note that your plan may not cover all of your health care expenses, such as Copayments and Coinsurance. To understand what your plan covers, review your COC and/or SPD. You may also have Riders and Amendments that expand or restrict your benefits.

If you have any questions about your benefits, or would like to find a Participating Provider near you, visit [www.upmchealthplan.com](http://www.upmchealthplan.com). You can also call UPMC Health Plan Member Services at the phone number on the back of your member ID card.

**For more information on your plan, please refer to the final page of this document.**

Plan Information	Participating Provider	Non-Participating Provider
Benefit Period	Plan Year	
Primary Care Provider (PCP) Required	Encouraged, but not required	
Prior Authorization Requirements	Provider Responsibility	Member Responsibility
		If you fail to obtain Prior Authorization for certain services, you may not be eligible for reimbursement under your plan. Please see additional information below.

Member Cost Sharing	Participating Provider	Non-Participating Provider
<b>Annual Deductible</b>		
Individual	\$400	\$4,500
Family	\$800	\$13,500

Member Cost Sharing	Participating Provider	Non-Participating Provider
Your plan has an embedded Deductible, which means the plan pays for Covered Services in these two scenarios — whichever comes first:		
*When an individual family member reaches his or her individual Deductible. At this point, only that person is considered to have met the Deductible; OR		
*When a combination of family members' expenses reaches the family Deductible. At this point, all covered family members are considered to have met the Deductible.		
Deductible applies to all Covered Services you receive during the Benefit Period, unless the service is specifically excluded.		
<b>Coinsurance</b>		
	You pay \$0 after Deductible.	You pay 50% after Deductible.
Copayments may apply to certain Participating Provider services.		
Any covered services for which cost-sharing is not specified in the "Covered Services" table below will pay subject to the applicable Deductible and Coinsurance identified above.		
<b>Annual Coinsurance Limit</b>		
Individual	\$0	\$5,000
Family	\$0	\$15,000
The Annual Coinsurance Limit is the maximum amount you will have to pay in Coinsurance before your benefits are covered without a Coinsurance cost share. Any amount paid in Coinsurance during the plan year will be applied towards the satisfaction of your plan's Total Annual Out-of-Pocket Limit.		
<b>Total Annual Out-of-Pocket Limit</b>		
Individual	\$7,150	Not applicable
Family	\$14,300	Not applicable
Your plan has an embedded Out-of-Pocket Limit, which means the Out-of-Pocket Limit is satisfied in one of two ways — whichever comes first:		
*When an individual within a family reaches his or her individual Out-of-Pocket Limit. At this point, only that person will have Covered Services paid at 100% for the remainder of the Benefit Period; OR		
*When a combination of family members' expenses reaches the family Out-of-Pocket Limit. At this point, all covered family members are considered to have met the Out-of-Pocket Limit and Covered Services will be paid at 100% for the remainder of the Benefit Period.		
Out-of-Pocket costs (Copayments, Coinsurance, and Deductibles) for Covered Services apply toward satisfaction of the Out-of-Pocket Limit specified in this Schedule of Benefits. <b>NOTE: For Covered Services rendered by Non-Participating Providers, only Coinsurance applies toward this Limit.</b>		

Preventive Services	Participating Provider	Non-Participating Provider
<b>Preventive Services will be covered in compliance with requirements under the Affordable Care Act (ACA). Please refer to the Preventive Services Reference Guide for additional details.</b>		
Pediatric preventive/health screening examination	Covered at 100%; you pay \$0.	Not Covered
Pediatric immunizations	Covered at 100%; you pay \$0.	You pay 50%. Deductible does not apply.
Well-baby visits	Covered at 100%; you pay \$0.	Not Covered
Adult preventive/health screening examination	Covered at 100%; you pay \$0.	You pay 50% after Deductible.
Adult immunizations required by the ACA to be covered at no cost-sharing	Covered at 100%; you pay \$0.	Not Covered

Preventive Services	Participating Provider	Non-Participating Provider
Screening gynecological exam, including Pap test	Covered at 100%; you pay \$0.	You pay 50%. Deductible does not apply.
Mammograms, routine and medically necessary	Covered at 100%; you pay \$0.	You pay 50% after Deductible.
Diagnostic services and procedures required by the ACA	Covered at 100%; you pay \$0.	You pay 50% after Deductible.

Covered Services	Participating Provider	Non-Participating Provider
<b>Hospital Services</b>		
Hospital inpatient	You pay \$0 after Deductible.	You pay 50% after Deductible.
Outpatient/Ambulatory surgery	You pay \$0 after Deductible.	You pay 50% after Deductible.
Observation stay	You pay \$0 after Deductible.	You pay 50% after Deductible.
Maternity - hospital services associated with delivery	You pay \$0 after Deductible.	You pay 50% after Deductible.
<b>Emergency Services</b>		
Emergency department	You pay \$100 Copayment per visit. Copayment waived if you are admitted to hospital.	
Emergency transportation	You pay \$0 after Participating Provider Deductible.	
<b>Surgical Services</b>		
Surgical services (professional provider services)	You pay \$0 after Deductible.	You pay 50% after Deductible.
<b>Provider Medical Services</b>		
Inpatient medical care visits, intensive medical care, consultation, and newborn care	You pay \$0 after Deductible.	You pay 50% after Deductible.
Adult immunizations not required to be covered by the ACA	You pay \$0 after Deductible.	Not Covered
Primary care provider office visit	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Specialist office visit	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Convenience care visit	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Urgent care facility	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
<b>Virtual Visits</b>		
UPMC AnywhereCare - Virtual Urgent Care and Children's AnywhereCare	You pay \$15 Copayment per visit.	You pay 50% after Deductible.
Virtual visit - Primary Care	You pay \$15 Copayment per visit.	You pay 50% after Deductible.
Virtual visit - Specialist	You pay \$15 Copayment per visit.	You pay 50% after Deductible.
Virtual visit - Behavioral Health	You pay \$15 Copayment per visit.	You pay 50% after Deductible.
<b>UPMC MyHealth 24/7 Nurse Line</b>		
If you would like to speak to a registered nurse about a specific health concern or when to seek treatment, call our UPMC MyHealth 24/7 Nurse Line at 1-866-918-1591 (TTY: 711) for care 365 days/year. You may also send an email for non-urgent issues using the web nurse request system at <a href="http://www.upmchealthplan.com">www.upmchealthplan.com</a> and a nurse will respond within 24 hours.		
<b>Allergy Services</b>		
Treatment, injections, and serum	You pay \$0 after Deductible.	You pay 50% after Deductible.
<b>Diagnostic Services</b>		
Advanced imaging (e.g., PET, MRI)	You pay \$0 after Deductible.	You pay 50% after Deductible.

Covered Services	Participating Provider	Non-Participating Provider
Other imaging (e.g., x-ray, sonogram)	You pay \$0 after Deductible.	You pay 50% after Deductible.
Laboratory services	You pay \$0 after Deductible.	You pay 50% after Deductible.
Diagnostic testing	You pay \$0 after Deductible.	You pay 50% after Deductible.
<b>Rehabilitation Therapy Services</b>		
<b>Note:</b> See the Behavioral Health Services section below for Rehabilitation Therapy services prescribed for the treatment of a Behavioral Health condition.		
Physical and occupational therapy	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Speech therapy	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Cardiac rehabilitation	You pay \$0 after Deductible. Covered up to 12 weeks per Benefit Period.	You pay 50% after Deductible.
Pulmonary rehabilitation	You pay \$30 Copayment per visit. Covered up to 24 visits per Benefit Period.	You pay 50% after Deductible.
<b>Habilitation Therapy Services</b>		
<b>Note:</b> See the Behavioral Health Services section below for Habilitation Therapy services prescribed for the treatment of a Behavioral Health condition.		
Physical and occupational therapy	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Speech therapy	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
<b>Medical Therapy Services</b>		
Chemotherapy, radiation therapy, dialysis therapy	You pay \$0 after Deductible.	You pay 50% after Deductible.
Injectable, infusion therapy, or other drugs administered or provided by a medical professional in an outpatient or office setting	You pay \$0 after Deductible.	You pay 50% after Deductible.
<b>Pain Management</b>		
Pain management program	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
<b>Behavioral Health (Mental Health and Substance Use Disorder) Services</b>		
Contact UPMC Health Plan Behavioral Health Services at 1-888-251-0083.		
Inpatient services (including inpatient hospital services, inpatient rehabilitation, detoxification, non-hospital residential treatment)	You pay \$0 after Deductible.	You pay 50% after Deductible.
Office visits, including psychotherapy and counseling	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Outpatient services (includes intensive outpatient and partial hospitalization programs)	You pay \$0 after Deductible.	You pay 50% after Deductible.
Laboratory services related to a Behavioral Health condition	You pay \$0 after Deductible.	You pay 50% after Deductible.
Physical, occupational, or speech therapy related to a Behavioral Health condition	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
<b>Other Medical Services</b>		
Refer to the Certificate of Coverage (COC) for specific Benefit Limitations that may apply to the services listed below.		
Acupuncture	You pay \$0 after Deductible.	You pay 50% after Deductible.

Covered Services	Participating Provider	Non-Participating Provider
	Covered up to 12 visits per Benefit Period.	
Applied behavior analysis for the treatment of Autism Spectrum Disorder	You pay \$0 after Deductible.	You pay 50% after Deductible.
Corrective appliances	You pay \$0 after Deductible.	You pay 50% after Deductible.
Dental services related to accidental injury	You pay \$0 after Deductible.	You pay 50% after Deductible.
Durable medical equipment	You pay \$0 after Deductible.	You pay 50% after Deductible.
Fertility testing	You pay \$0 after Deductible.	You pay 50% after Deductible.
Home health care	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Covered up to 100 visits for Non-Participating Provider.	
Hospice care	You pay \$0 after Deductible.	You pay 50% after Deductible.
Medical nutrition therapy	You pay \$0 after Deductible.	You pay 50% after Deductible.
Nutritional counseling	You pay \$0 after Deductible.	You pay 50% after Deductible.
	Covered up to two visits per Benefit Period.	
Nutritional products	Covered at 100%; you pay \$0.	You pay 50%. Deductible does not apply.
	Nutritional products for the treatment of PKU and related disorders are not subject to Deductible.	
Oral surgical services	You pay \$0 after Deductible.	You pay 50% after Deductible.
Podiatry care	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
Private duty nursing	You pay \$0 after Deductible.	You pay 50% after Deductible.
Skilled nursing facility	You pay \$0 after Deductible.	You pay 50% after Deductible.
Therapeutic manipulation	You pay \$30 Copayment per visit.	You pay 50% after Deductible.
	Covered up to 20 visits per Benefit Period.	
<b>Diabetic Equipment, Supplies, and Education</b>		
Diabetic equipment and supplies ( <b>NOTE:</b> If you have prescription drug coverage through a program other than Express Scripts, Inc., that plan will pay for diabetic supplies and equipment first.)		
Glucometer, test strips, and lancets, insulin and syringes	Must be obtained at a Participating Pharmacy. See applicable pharmacy rider for coverage information.	
Diabetic education	Covered at 100%; you pay \$0.	You pay 50% after Deductible.

### Prescription Medication Coverage

**For additional information on your pharmacy benefits, refer to your Prescription Medication Rider. Tier names describe the most common type(s) of medication (such as brands and generics) within that tier. The Your Choice pharmacy program will apply (mandatory generic). Not subject to Plan Deductible**

<p>Retail prescription medication</p> <ul style="list-style-type: none"> <li>• Prescriptions must be dispensed by a participating pharmacy.</li> <li>• 30-day supply.</li> </ul>	<p>Tier 1: You pay \$10 Copayment for preferred generic medications.</p> <p>Tier 2: You pay \$25 Copayment for preferred brand medications.</p> <p>Tier 3: You pay \$50 Copayment for nonpreferred medications (brand and generic).</p> <p>Tier 5: You pay \$0 Copayment for preventive medications.</p> <p>90-day maximum retail supply available for three copayments</p>
<p>Specialty prescription medication</p> <ul style="list-style-type: none"> <li>• Specialty medications are limited to a 30-day supply. See Prescription Medication Rider for additional information.</li> <li>• Most specialty medications must be filled at our contracted specialty pharmacy provider (list available upon request).</li> </ul>	<p>Tier 4: You pay \$50 Copayment for specialty medications (brand and generic).</p> <p>30-day maximum supply</p>
<p>Mail-order prescription medication</p> <ul style="list-style-type: none"> <li>• A three-month supply (up to 90 days) of medication may be dispensed through the contracted mail-service pharmacy.</li> </ul>	<p>Tier 1: You pay \$20 Copayment for preferred generic medications.</p> <p>Tier 2: You pay \$50 Copayment for preferred brand medications.</p> <p>Tier 3: You pay \$100 Copayment for nonpreferred medications (brand and generic).</p> <p>Tier 5: You pay \$0 Copayment for preventive medications.</p> <p>90-day maximum mail-order supply</p>
<p>If a provider demonstrates that the brand-name medication is Medically Necessary and appropriate, you will pay only the nonpreferred brand-name medication Copayment.</p>	

of service.

The capitalized words and phrases in this Schedule of Benefits mean the same as they do in your Certificate of Coverage (COC). Also, the headings under the Covered Services section are the same as those in your COC.

At all times, UPMC Health Plan administers the coverage described in this document in full compliance with applicable laws and regulations. If any part of this Schedule of Benefits conflicts with any applicable law, regulation, or other controlling authority, the requirements of that authority will prevail.

Your plan documents will always include the Schedule of Benefits, the COC, and the Summary of Benefits and Coverage. You can log into MyHealth OnLine to view these documents. If you have questions, call Member Services.

UPMC Health Plan is the marketing name used to refer to the following companies, which are licensed to issue individual and group health insurance products or which provide third party administration services for group health plans: UPMC Health Network Inc., UPMC Health Options Inc., UPMC Health Coverage Inc., UPMC Health Plan Inc., UPMC Health Benefits Inc., UPMC for You Inc., Community Care Behavioral Health Organization, and/or UPMC Benefit Management Services Inc.

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### Prior Authorization for out-of-network services

Certain out-of-network non-emergent care must be Prior Authorized in order to be eligible for reimbursement under your plan. This means you must contact UPMC Health Plan and obtain Prior Authorization before receiving services. A list of services that must be Prior Authorized is available 24/7 on our website at [www.upmchealthplan.com](http://www.upmchealthplan.com). You can also contact Member Services by calling the phone number on the back of your member ID card. Your out-of-network provider may also access this list at [www.upmchealthplan.com](http://www.upmchealthplan.com) or your provider may call Provider Services at 1-866-918-1595 to initiate the Prior Authorization process on your behalf. Regardless, you must confirm that Prior Authorization has been given in advance of your receiving services in order for those services to be eligible for reimbursement in accordance with your plan. Please note, the list of services that require Prior Authorization is subject to change throughout the year. You are responsible for verifying you have the most current information as of your date

<sup>1</sup>UPMC Health Plan earned 11 awards for customer service excellence at the 14th Annual Stevie® Awards—including the 2020 People's Choice Stevie Award for Favorite Customer Service in the Healthcare and Pharma category. UPMC Health Plan also earned five 2021 Gold Stevie Awards for its sales and customer service excellence, including Best Back-Office Customer Service Team and Sales Support Team of the Year.

<sup>2</sup>Assist America is not travel or medical insurance. Its services will not replace health coverage while members or their dependents are away from home.

<sup>3</sup>Members who have a qualified high-deductible health plan may have to pay the contracted rate for any medical and pharmacy products or services until their deductible is met.

<sup>4</sup>UPMC nurses who answer calls are licensed to assist members in Pennsylvania, West Virginia, Maryland, New York, and Ohio. Members must be in one of those states when calling the UPMC MyHealth 24/7 Nurse Line. The UPMC MyHealth 24/7 Nurse Line is not a substitute for medical care. If an emergency arises, call 911 or go to the emergency department. Nurses cannot answer plan or benefit questions. Please call the Member Services phone number on the back of your ID card for questions regarding your plan benefits.

<sup>5</sup>UPMC Health Plan members located in Pennsylvania at the time of a virtual visit may select a UPMC-employed provider or a provider from Online Care Network II P.C. (OCN), subject to availability and discretion of the provider. Members located outside of Pennsylvania will receive service from OCN. OCN is not an affiliate of UPMC. Limitations may apply for members of ASO plans that have opted out of coverage.

<sup>6</sup>In an emergency, members can visit any emergency department, even if the hospital does not participate with UPMC Health Plan.

<sup>7</sup>UPMC Children's AnywhereCare is available only to patients who are in Pennsylvania. In order for a child to have a UPMC Children's AnywhereCare visit, the child's parent or legal guardian must be with the child during the video portion of the visit, and the child and parent or legal guardian must be in Pennsylvania during the visit. Members who are outside of Pennsylvania at the time of service may select the standard UPMC AnywhereCare module and will receive care from a provider employed or contracted by Online Care Network II P.C. (OCN) at the discretion of the provider. OCN is not an affiliate of UPMC.

<sup>8</sup>Some groups may exclude birth control coverage from their employer-offered health plan. You should review your plan documents for additional information.

<sup>9</sup>Women may obtain a breast pump if they have not received one from UPMC Health Plan within the past three years, or if their pump is broken or out of warranty.

<sup>10</sup>UPMC Health Plan will cover many adult and child preventive services at 100 percent if the services are received from a participating provider.

## UPMC HEALTH PLAN

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[upmchealthplan.com](https://www.upmchealthplan.com)

